

Name
in
Full

Theophilus Lee Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

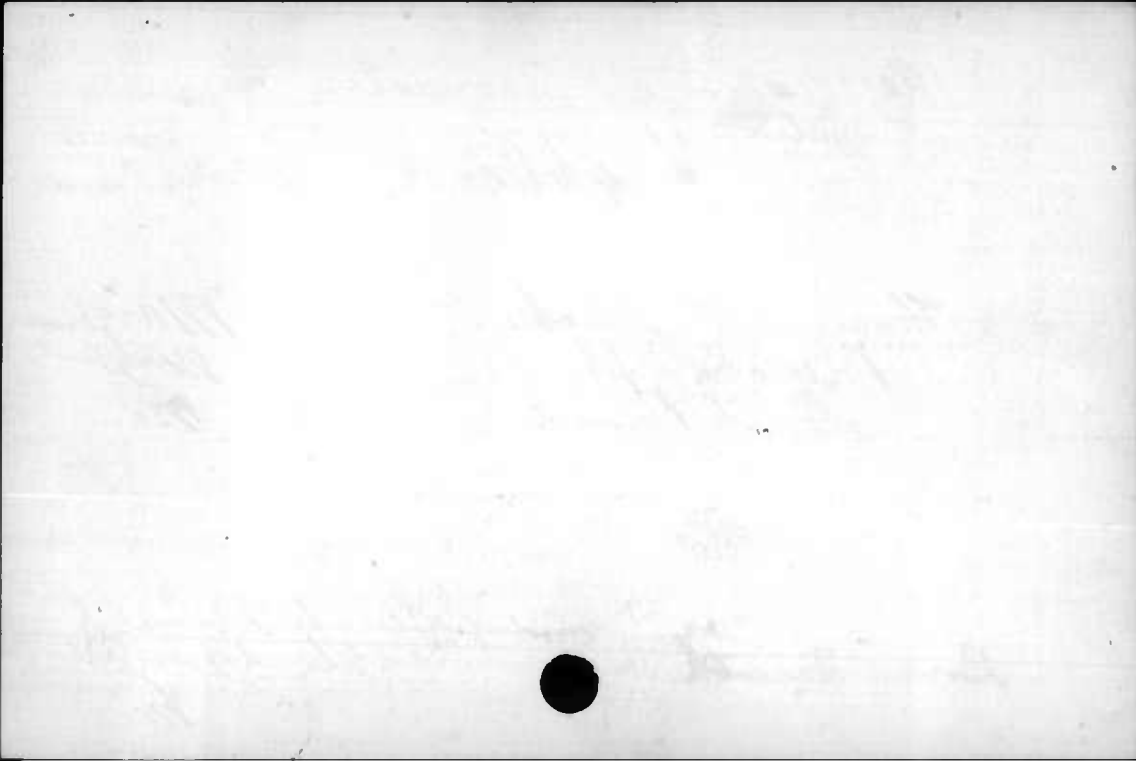
Died at		Town Stockton		County Worcester		MARYLAND	
Date of death		1907	Month 7	Day 26	Age —	Years 10	Months 26
Sex		colored / M		Color or Race color		Birth-place Stockton	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		married		Name of Wife or Husband Luella Anderson			
Father's Name		Delaware Anderson		Father's Birthplace Delaware			
Mother's Maiden Name		Luella Derrickson		Mother's Birthplace Delaware			
Name of person giving information		C. L. Anderson		How related to deceased father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	8 days
Immediate	Exhaustion	How long	2 "
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. D. Dickson - M.D.	
Address		Stockton Worcester Co	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

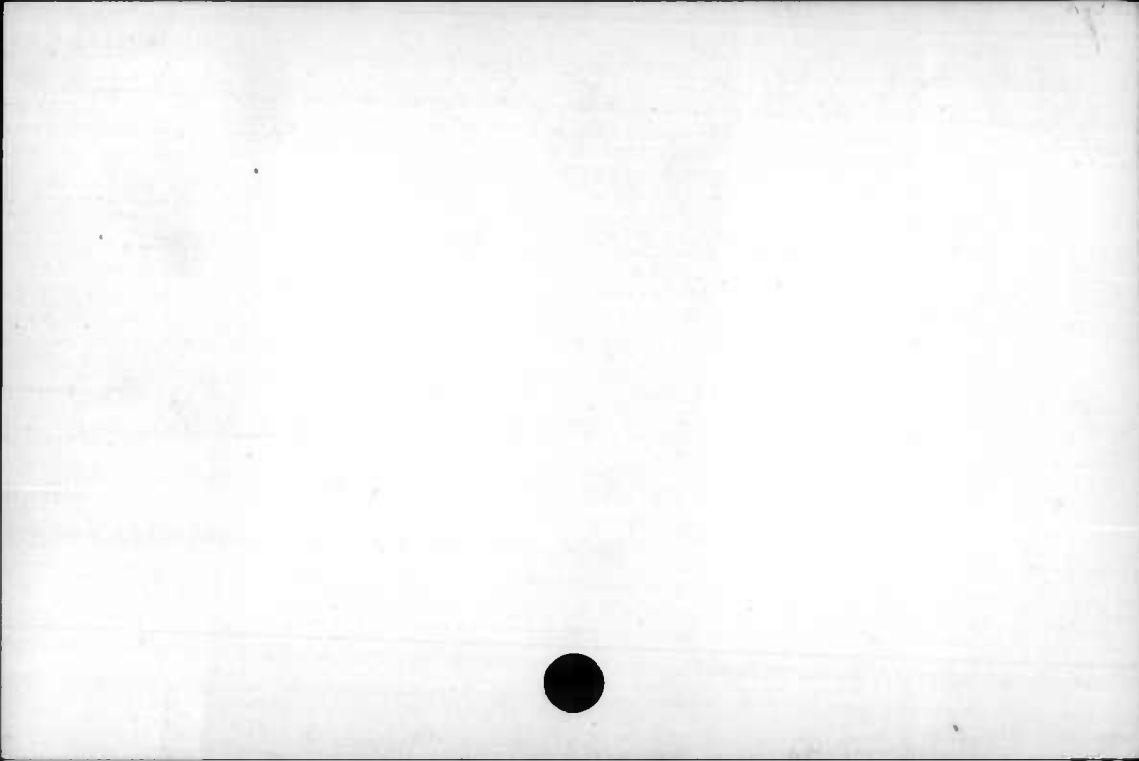
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>1115 George</i>		Town <i>Georgetown</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>11</i>		Years <i>0</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Maryland</i>		Months <i>0</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>		Days <i>0</i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>					
Father's Name <i>Thomas F Beckett</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Blanche Mills</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Sarah Primm</i>		How related to deceased <i>MC</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i></i>	How long <i></i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of <i>Sarah Primm</i>
<i>Born Death</i>	Address <i>1115 George</i>
Accident or Suicide? <i></i>	<i>MC</i>



Name
in
Full

Lijah Barbage

CERTIFICATE OF DEATH

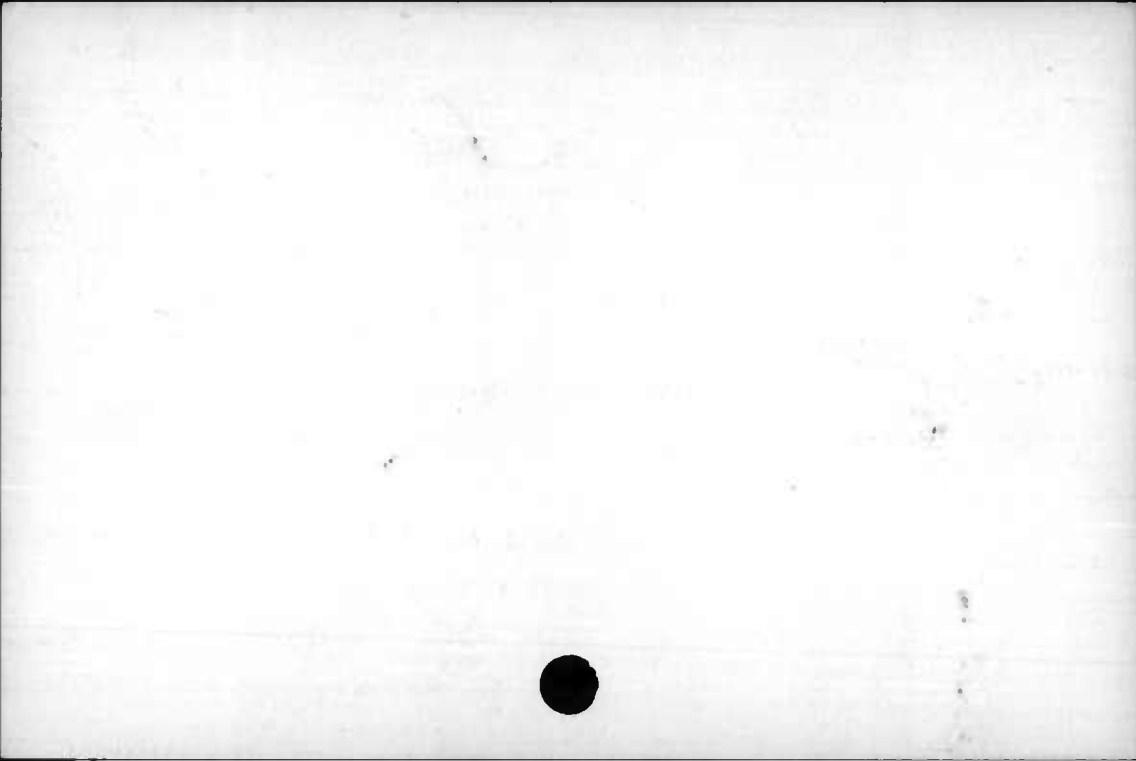
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Plymouth		County Monmouth		MARYLAND	
Date of death		1907	Month July	Day 25	Age 100	Years	Months Days
Sex Female		Color or Race white		Birth- place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband unknown			
Father's Name unknown				Father's Birthplace Md			
Mother's Maiden Name "				Mother's Birthplace Md			
Name of person giving In formation John L. Rogers				How related to deceased son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Sexual Debility		How long Several year
Immediate Old age		How long " "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician No doctor
		Address O.K. & A. Massey
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Walburn</i> Town <i>Brown</i> County <i>Worcester</i>		MARYLAND	
Date of death <i>1907 July 14</i>	Month <i>July</i>	Day <i>14</i>	Age <i>Years</i> Months <i>Days</i>
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Walburn</i>	
Occupation <i>-</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>		
Father's Name <i>Calvin Brown</i>	<i>S</i>	Father's Birthplace <i>Va</i>	
Mother's Maiden Name <i>Lizzie Fields</i>		Mother's Birthplace <i>Va</i>	
Name of person giving information <i>Calvin Brown</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>(S)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L.D. Diebner</i>
	Address <i>Stickney Worcester Co</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

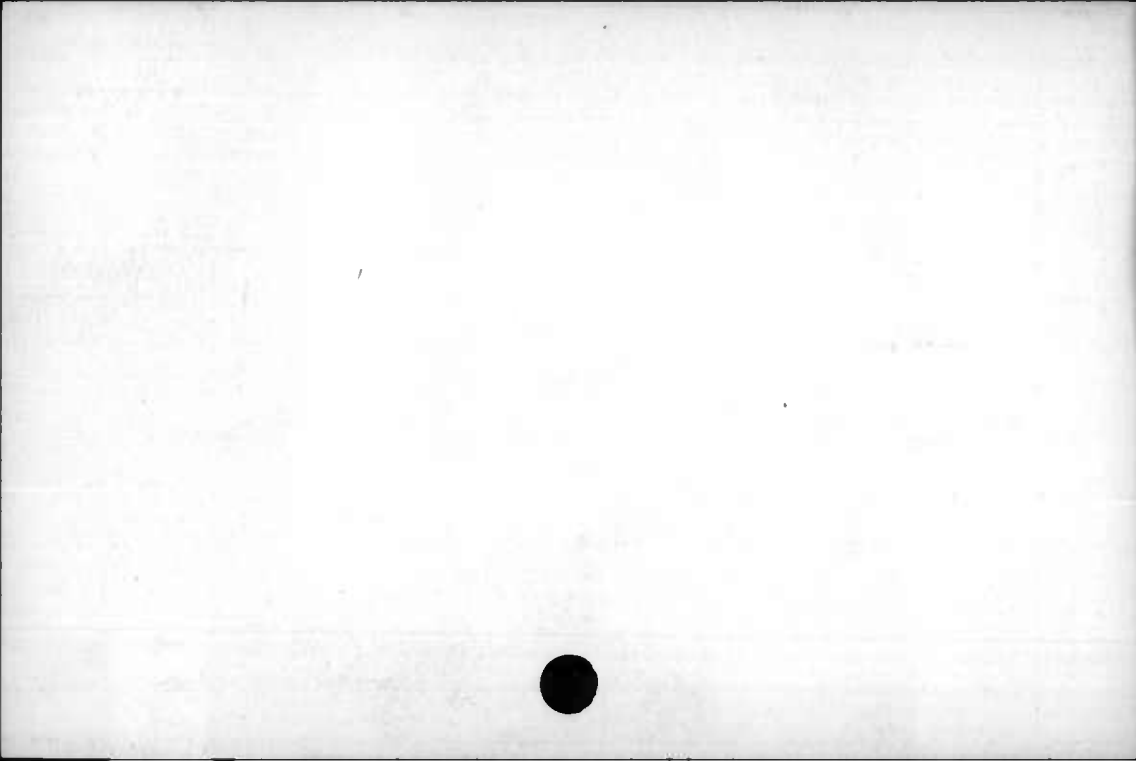
Died at <i>Lepusant</i>		Town <i>Lepusant</i>		County <i>Worcester</i>		MAYLAND	
Date of death	1907	Month	July	Day	6	Age	—
Sex	Female	Color or Race	White	Months	3	Days	—
Occupation				Birth-place	Maryland		
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>3 weeks</i>
Immediate	<i>measles</i>	How long	<i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

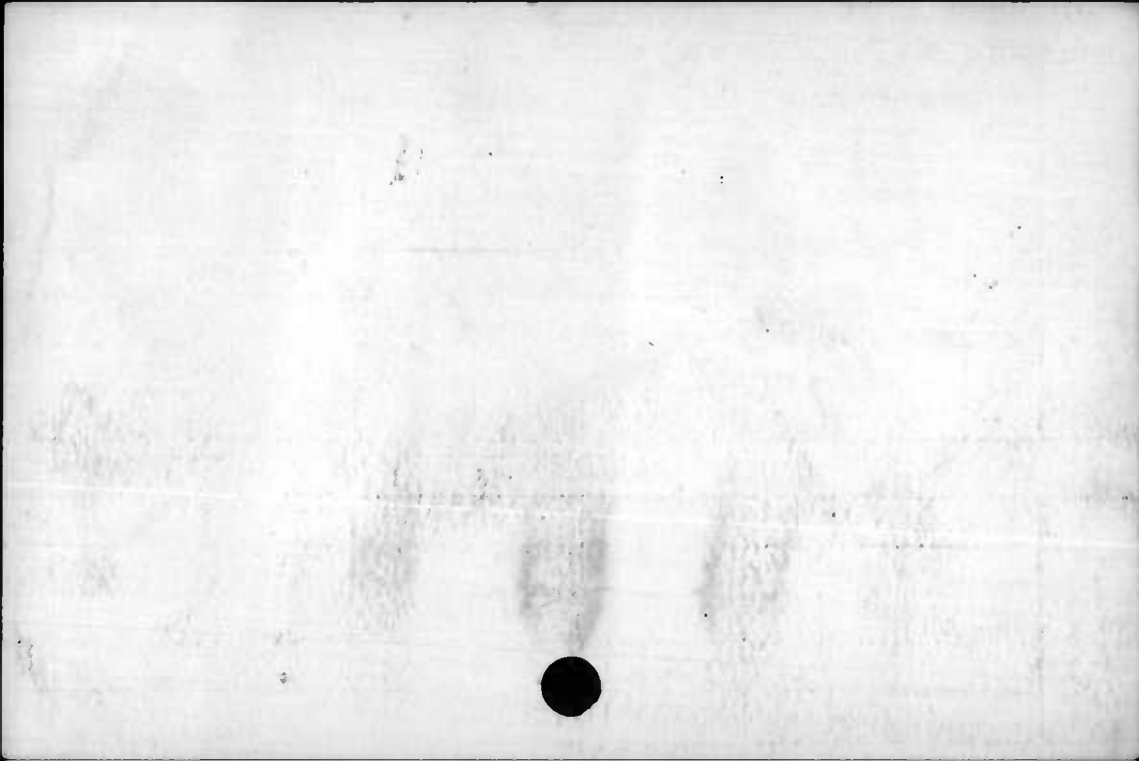
Died at <i>Snow Hill</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	1907	Month	July	Day	20
Age	63	Years		Months	
Sex	male	Color or Race	white	Birth-place	Ind
Occupation	Carpenter		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband <i>Ellie R. Dawson</i>		
Father's Name	<i>S. L. Dawson</i>		Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>Elizabeth McHenry</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving information	<i>E. S. Dawson</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Uræmia</i>	How long	<i>2 wks.</i>
Immediate	<i>" Coma</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. D. Strangher</i>
		Address	<i>Snow Hill. Md</i>
Accident or Suicide?	<i>neither</i>		



Name
in
Full

See Dix

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Pocomoke

Worcester

Date

Month

Day

Years

Months

Days

of death 1907

July

14

Age

6

Sex

male

Color or
Race

Colored

Birth-
place

Pocomoke

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George Dix

Father's
Birthplace

Seowice

Mother's
Maiden Name

Mary G. Delatte

Mother's
Birthplace

Pocomoke

Name of person giving
In formation

Sam Mennel

How related
to deceased

None

CAUSES OF DEATH

Primary

Typhoid fever

1

How long

Six weeks

Immediate

diarrhea

How long

gradual

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

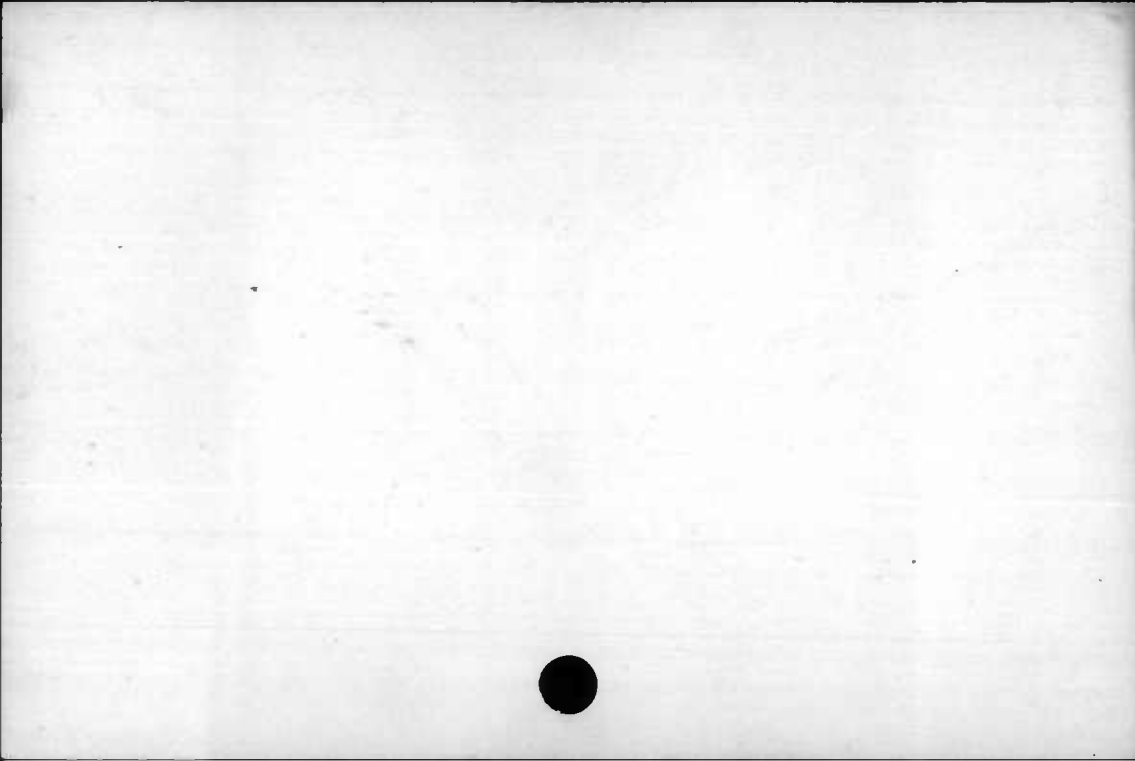
Address

F. W. E. Smith
Pocomoke City
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

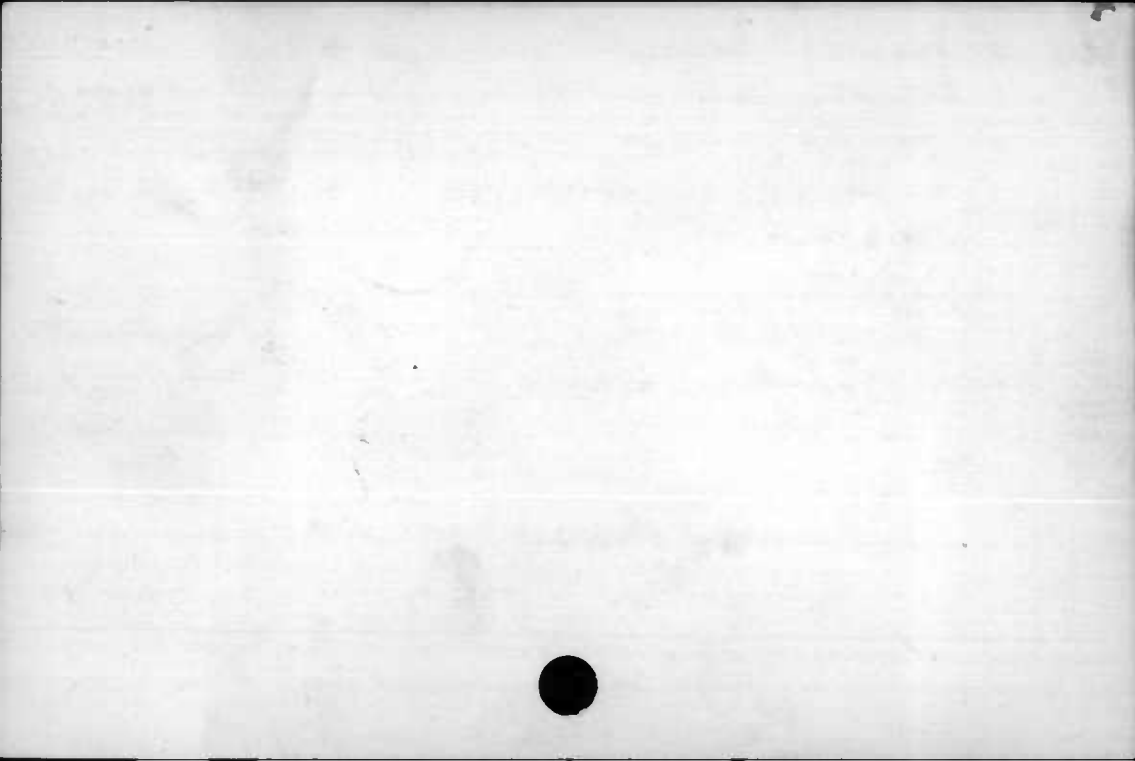
Name in Full John H. Emell		Town Gudley		County Worcester		State MARYLAND	
Died at Gudley		Month 7		Day 6		Years 1884	
Date of death 1907		Month 7		Day 6		Years 1884	
Sex Male		Color or Race Black		Birth-place Ind.		Months 3	
Occupation _____		Where Residing if not at place of death _____		Days 4			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name Peter Emell		Father's Birthplace Ind.					
Mother's Maiden Name Ayra Emell		Mother's Birthplace Ind.					
Name of person giving information _____		How related to deceased _____					

CAUSES OF DEATH

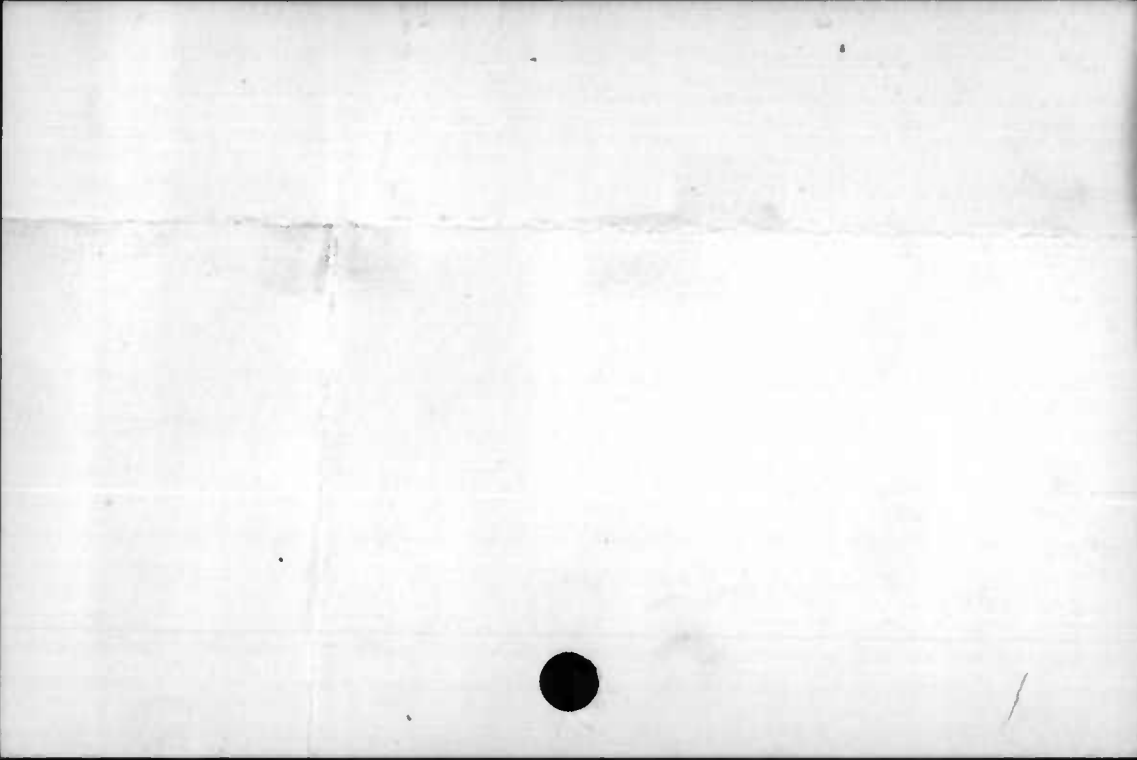
105

PHYSICIAN
OR CORONER

Primary Illness Colitis	How long About 10 days
Immediate Exhaustion	How long _____
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Ch. B. Bunn
Gudley	Address Ind.
Accident or Suicide? _____	



Name in Full		Linton D Hooks				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Wyalapville Ind	County Warrick	MARYLAND		
		Date of death		1907	Month 7	Day 22	Age 31	Years Months Days
		Sex		Male	Color or Race	White	Birth-place	Wyalapville
		Occupation		Farmer		Where Residing if not at place of death		
		Married, Single or Widowed		Married		Name of Wife or Husband		Florence Hooks
Father's Name		Joseph Hooks				Father's Birthplace	Wyalapville	
Mother's Maiden Name		Unknown				Mother's Birthplace	Wyalapville	
Name of person giving information		Isabel Tyndace				How related to deceased	Wife	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Heart Failure				One day		
		Immediate						
		Are the name, age, sex, color, date and place correctly given above?						
		Signature of Physician				Isabel Tyndace		
		Address				Burlington Ind		
Accident or Suicide?								



Name
in
Full

Marguerite Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke		County Wicomico		MARYLAND	
Date of death	1907	Month	7	Day	24	Years	Age 74
Sex	Female		Color or Race	Colored		Birth-place	Ind.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Jas Gardner			
Father's Name	Henry Gaines				Father's Birthplace	Ind.	
Mother's Maiden Name	Mary Louisa				Mother's Birthplace	Ind.	
Name of person giving information	Jas Gardner				How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asthma	How long	2 yrs
Immediate	Exhaustion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J H Wills	
		Address	
Accident or Suicide?			

(5)



Name
In
Full

CERTIFICATE OF DEATH

Harriet Jortin

Town

County

Died at

Pawmoke city

Morristown

MARYLAND

Date

of death

1907

Month

July

Day

15th

Age

Years

79

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Morristown

Occupation

Domestic

Where Residing if not
at place of death

Pawmoke city

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Wm Jortin

Father's
Name

Wesley Watson

Father's
Birthplace

Morristown

Mother's
Maiden Name

Don't know

Mother's
Birthplace

" "

Name of person giving
In formation

Wm J Jortin

How related
to deceased

Son in Law

CAUSES OF DEATH

27

Primary

Lung trouble
exhaustion

How long

some years
one week

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

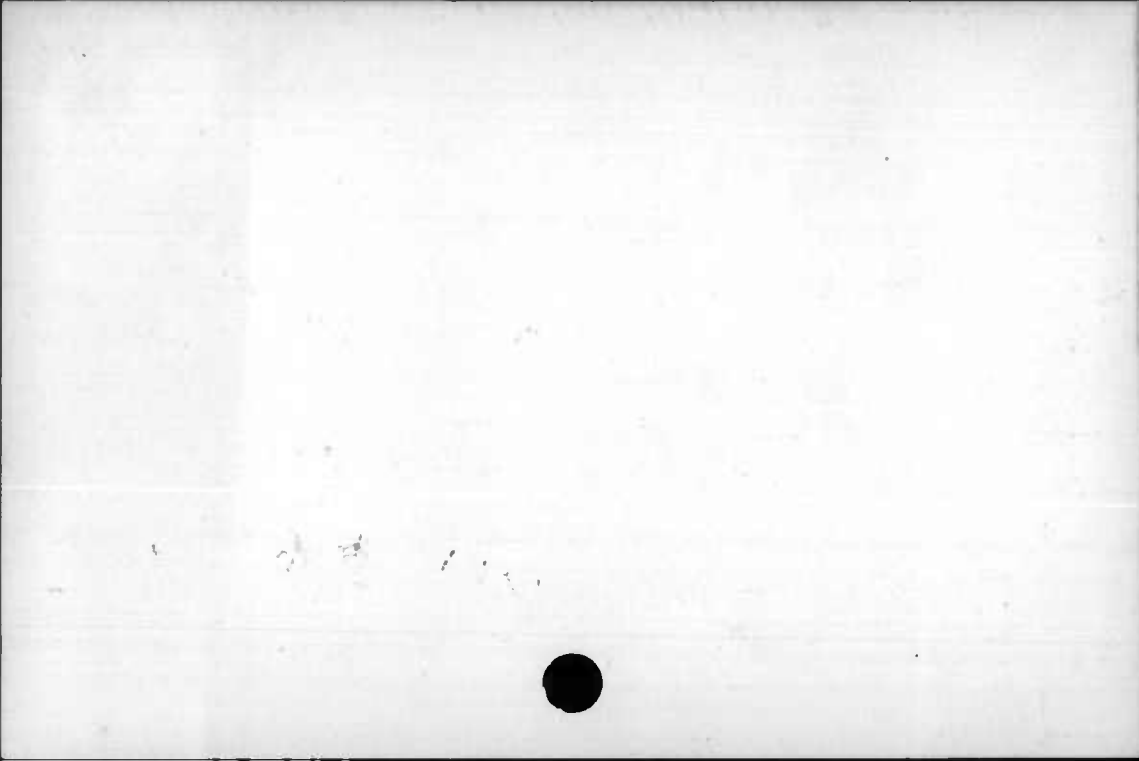
Signature of
Physician

Address

Samuel L. Linn
Pawmoke city, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

High Govin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

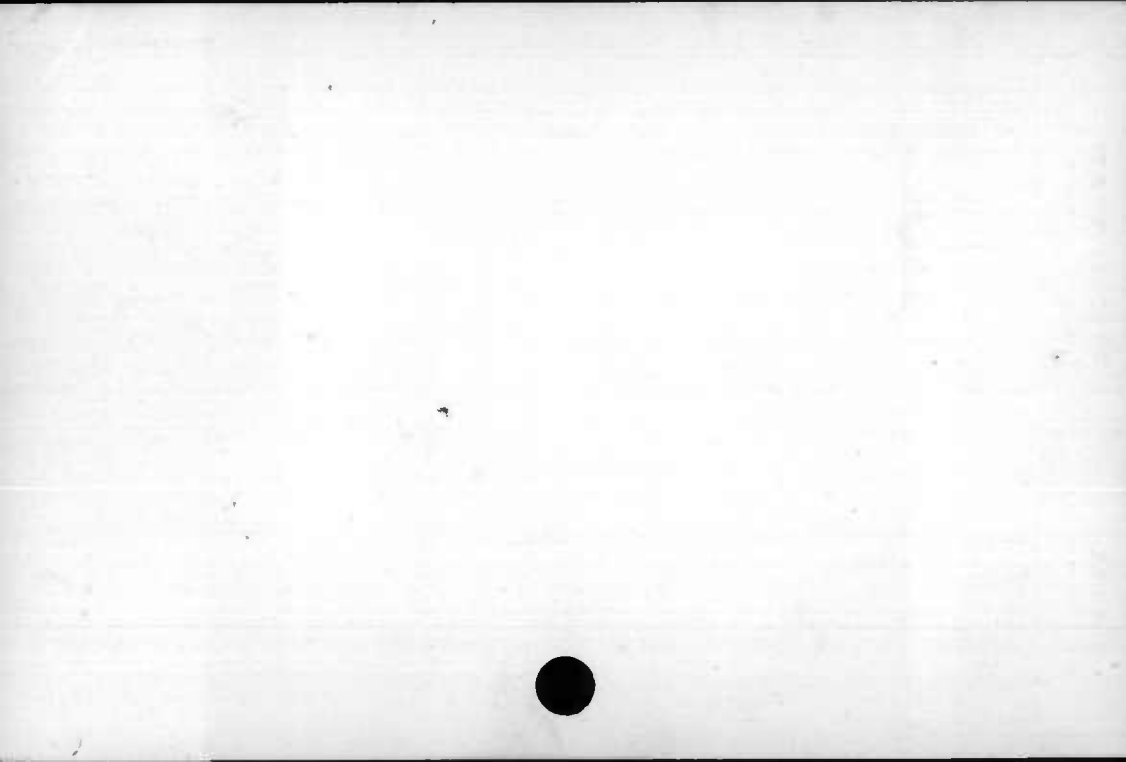
Died at <i>Snow Hill</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>July</i>	Day	<i>15</i>
Age	<i>65</i>	Years		Months	<i>Unknown</i>
Sex	<i>Female</i>	Color or Race	<i>Negro</i>	Birthplace	<i>Snow Hill, Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>William Govin</i>		
Father's Name	<i>George Tingle</i>		Father's Birthplace	<i>Snow Hill, Md</i>	
Mother's Maiden Name	<i>Mary Hammons</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>William Govin</i>		How related to deceased	<i>husband</i>	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral hemorrhage</i>	How long	<i>36 hours</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>John L. Riley</i>
<i>yes</i>		Address	<i>Snow Hill Md.</i>
Accident or Suicide?			



Name
In
Full

Emma L Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

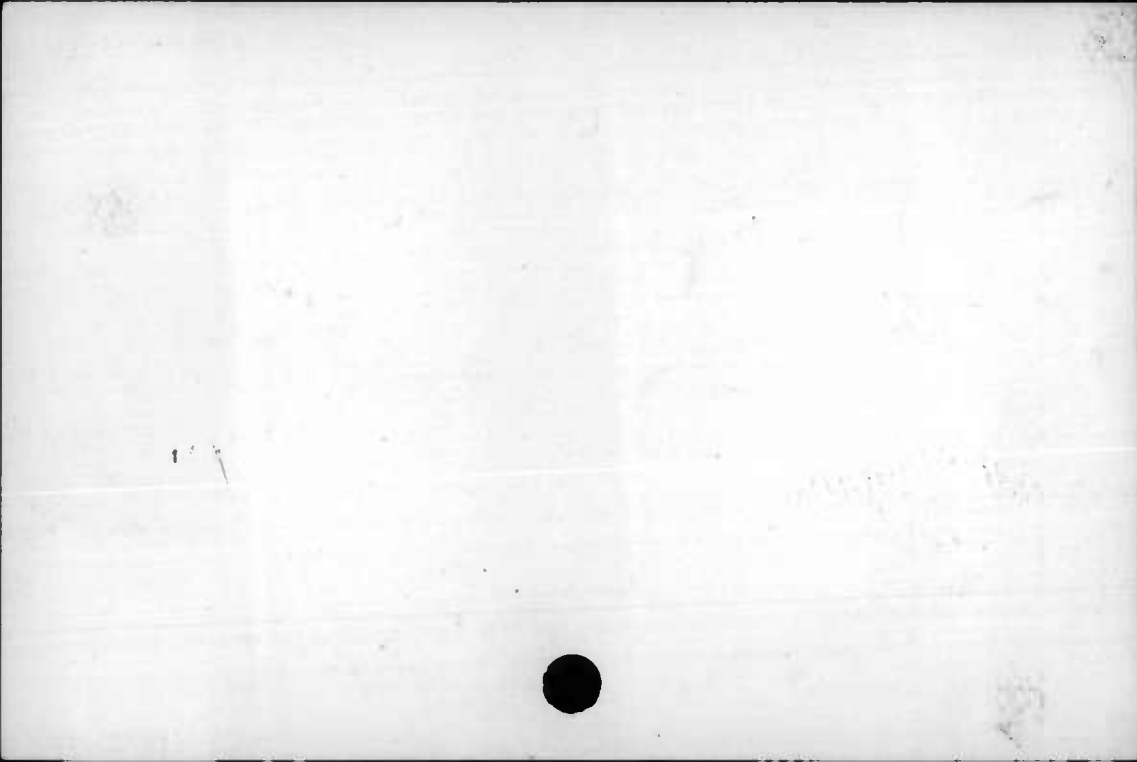
Died at <u>Berlin</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	15
Age		Years	10	Months	
Sex	Female	Color or Race	Black	Birth-place	Eud
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm Hammond			Father's Birthplace	Eud
Mother's Maiden Name	Emma Fessett			Mother's Birthplace	Eud
Name of person giving information	Julia Fessett			How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dranhere</u>	How long	<u>2 weeks</u>
Immediate	<u>Meningitis</u>	How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Ebe Holland</u>
		Address	<u>Berlin Md</u>
Accident or Suicide? <u>no</u>			

105



Name
in
Full

CERTIFICATE OF DEATH

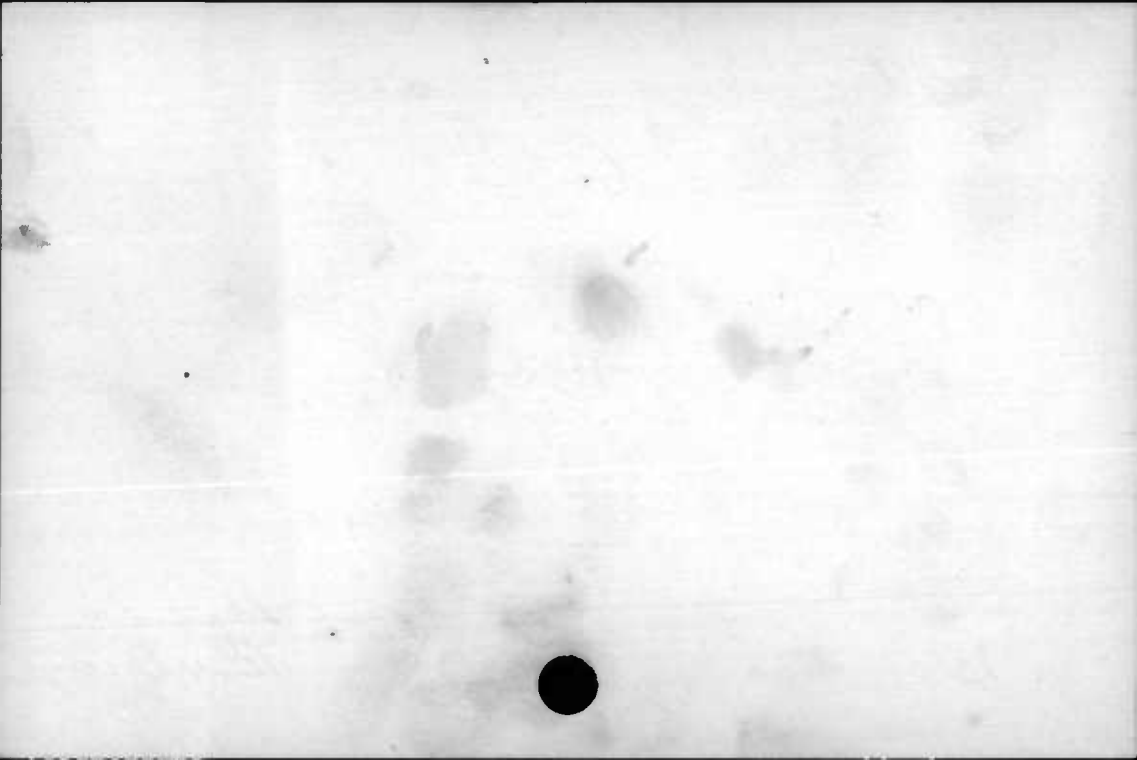
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Promoke city</i>		Town <i>Promoke city</i>		County <i>Morristown</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>11</i>		Age <i>7</i> Years <i>✓</i>	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Promoke city</i>		Months <i>7</i> Days <i>11</i>	
Occupation <i>infant</i>				Where Residing if not at place of death <i>11</i>			
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>Ray Holden</i>			
Father's Name <i>Ray Holden</i>				Father's Birthplace <i>2</i>			
Mother's Maiden Name <i>Ossie Jones</i>				Mother's Birthplace <i>Morristown</i>			
Name of person giving information <i>11</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>179</i> <i>sometime</i>
Immediate	<i>exhaustion</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel L. Quinn</i>	
		Address <i>Promoke city</i>	
Accident or Suicide? <i>✓</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sty's Grange <small>Town</small>		Dorchester <small>County</small>		MARYLAND	
Date of death 1907	July <small>Month</small>	2 <small>Day</small>	0 <small>Years</small>	0 <small>Months</small>	0 <small>Days</small>
Sex —	Color or Race Colored		Birth-place Mayfield		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband Julia J			
Father's Name Elmer Jester		Father's Birthplace Mayfield			
Mother's Maiden Name Ida Jones		Mother's Birthplace Mayfield			
Name of person giving information Sarah Powell		How related to deceased No			

CAUSES OF DEATH

S

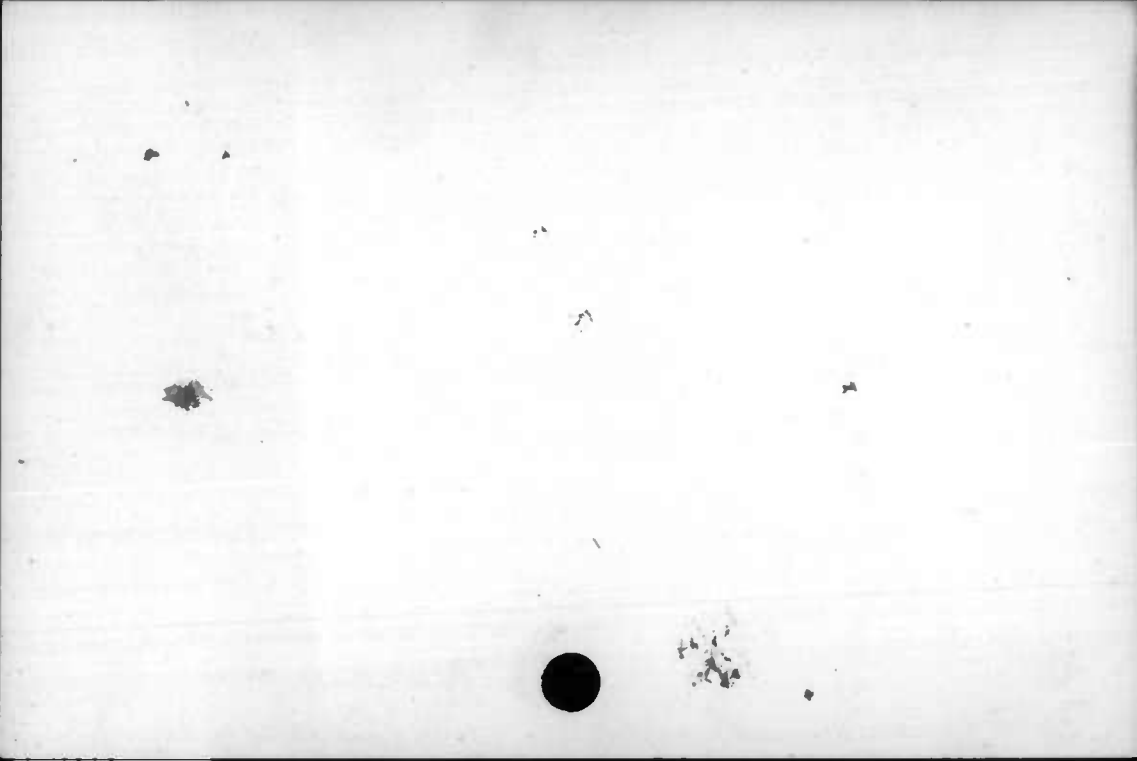
PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Born Dead	
Accident or Suicide?	

Signature of

Address

Sarah Powell
Sty's Grange
Md



Name
in
Full

Clara Jones

CERTIFICATE OF DEATH

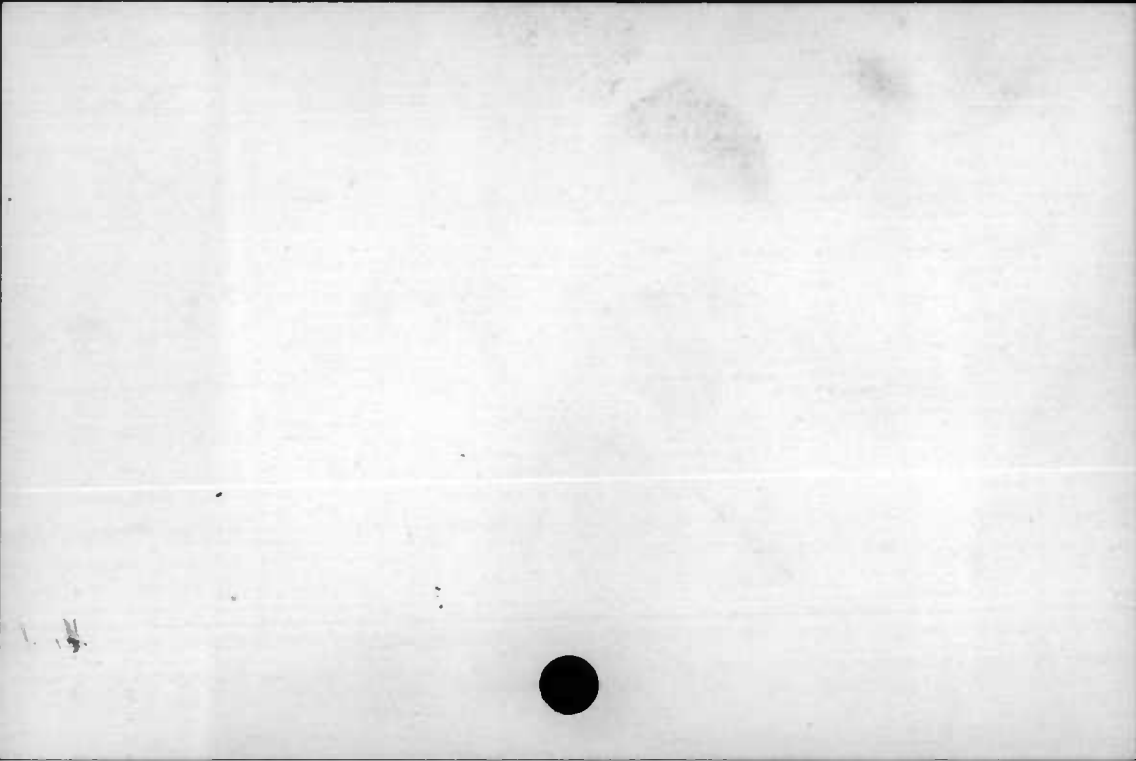
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pocomoke</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1901</u>	Month <u>July</u>	Day <u>25th</u>	Age <u>11</u>	Years	Months
Sex <u>Female</u>	Color & Race <u>Colored</u>		Birth-place <u>Pocomoke</u>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Not known</u>	Father's Birthplace <u>Worcester Co. Md.</u>				
Mother's Maiden Name <u>Mary Jones</u>	Mother's Birthplace <u>Worcester Co.</u>				
Name of person giving information <u>CCie Jones</u>	How related to deceased <u>Sister</u>				

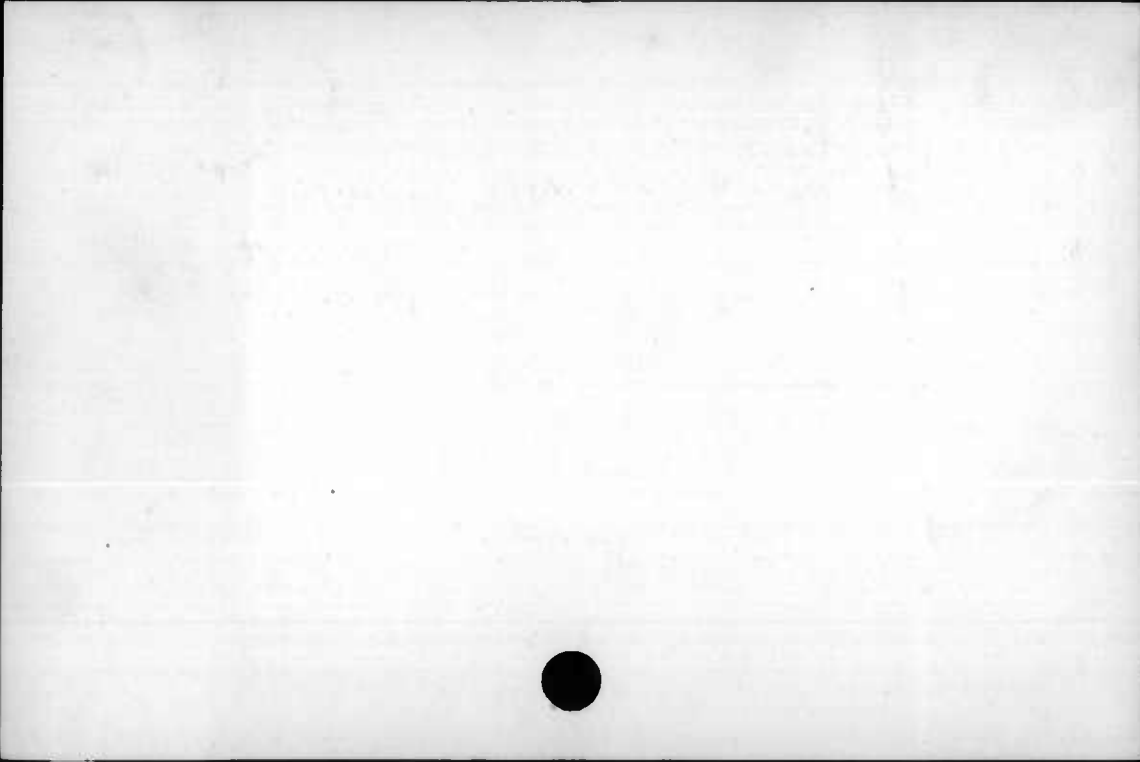
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malaria</u>	How long <u>5 or 6 weeks</u>
Immediate <u>Convulsions</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. W. L. Smith</u>
	Address <u>Pocomoke Maryland</u>
Accident or Suicide?	



Name in Full		Della Pitts				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Berlin</i> Town		County <i>Worcester</i>		MARYLAND	
		Date of death <i>1907</i> <i>10</i> <i>7</i> Month		Day <i>11</i>		Age Years Months <i>6</i> Days	
		Sex <i>Female</i>		Color or Race <i>Blk</i>		Birth-place <i>End</i>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <i>Thos Pitts</i>		Father's Birthplace <i>End</i>			
		Mother's Maiden Name <i>Rachel Russell</i>		Mother's Birthplace			
		Name of person giving In formation <i>Thos Pitts</i>		How related to deceased <i>of Father</i>			
		CAUSES OF DEATH 105					
PHYSICIAN OR CORONER		Primary <i>Acute digestive disorder</i>		How long <i>3 weeks</i>			
		Immediate <i>Inaution</i>		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. W. Drickson</i>			
		<i>Yes</i>		Address <i>Berlin Md</i>			
		Accident or Suicide?					



Name
in
Full

Infant - Pitts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin Town Moravia County MARYLAND

Date of death | 907 | 7 | 6 | Age | 1 | Months | 4 | Days

Sex Female Color or Race Blk. Birth-place Ind

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Eary Pitts ✓ Father's Birthplace Ind

Mother's Maiden Name Emma Gyles Mother's Birthplace "

Name of person giving information Eary Pitts How related to deceased Father

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary Whooping Cough How long 3 weeks

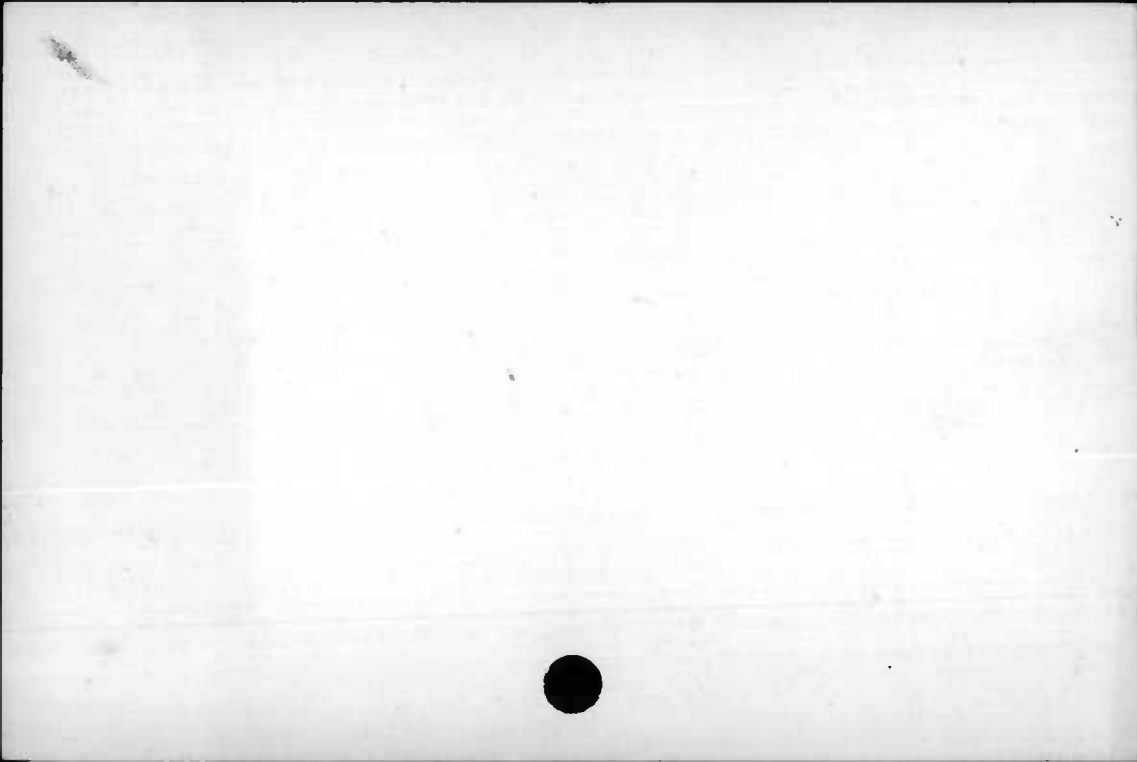
Immediate Acute Dehydration of Heart How long 2 days

Are the name, age, sex, color, date and place correctly given above? _____

Signature of Physician C. O. Drickman

Address Berlin Ind.

Accident or Suicide? _____



Name
in
Full

Samuel Ridings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

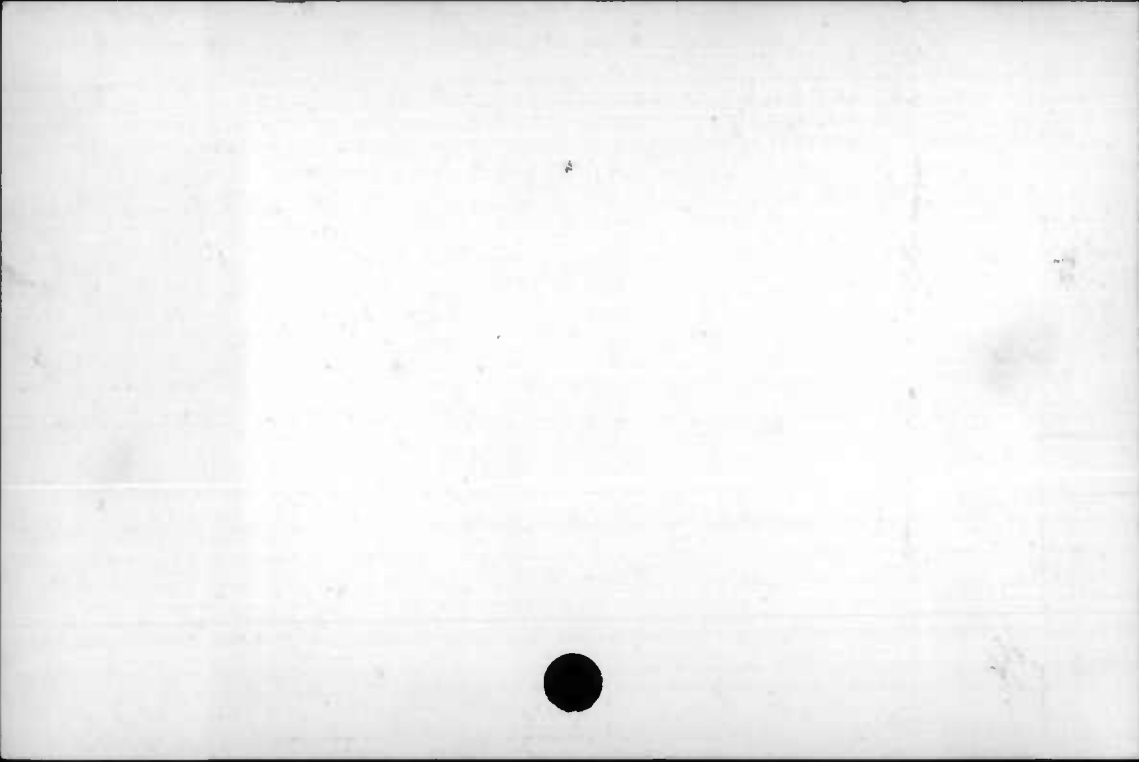
Died at <i>Berlin</i> <small>Town</small>		<i>Worches</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>23</i>	Age <i>37</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sued</i>		
Occupation <i>Engineer</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ridley McGregor</i>		<i></i>		
Father's Name <i>Frederick Ridings</i>	Father's Birthplace <i>Delaware</i>		<i></i>		
Mother's Maiden Name <i>Lypham</i>	Mother's Birthplace <i>Phie</i>		<i></i>		
Name of person giving information <i>J. E. White</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>Several Years</i>
Immediate <i>aggravated by alcohol</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edwin J. Dirickson</i>
<i>Yes</i>	Address <i>13 Berlin</i>
Accident or Suicide? <i></i>	



Name
in
Full

Laura Showell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

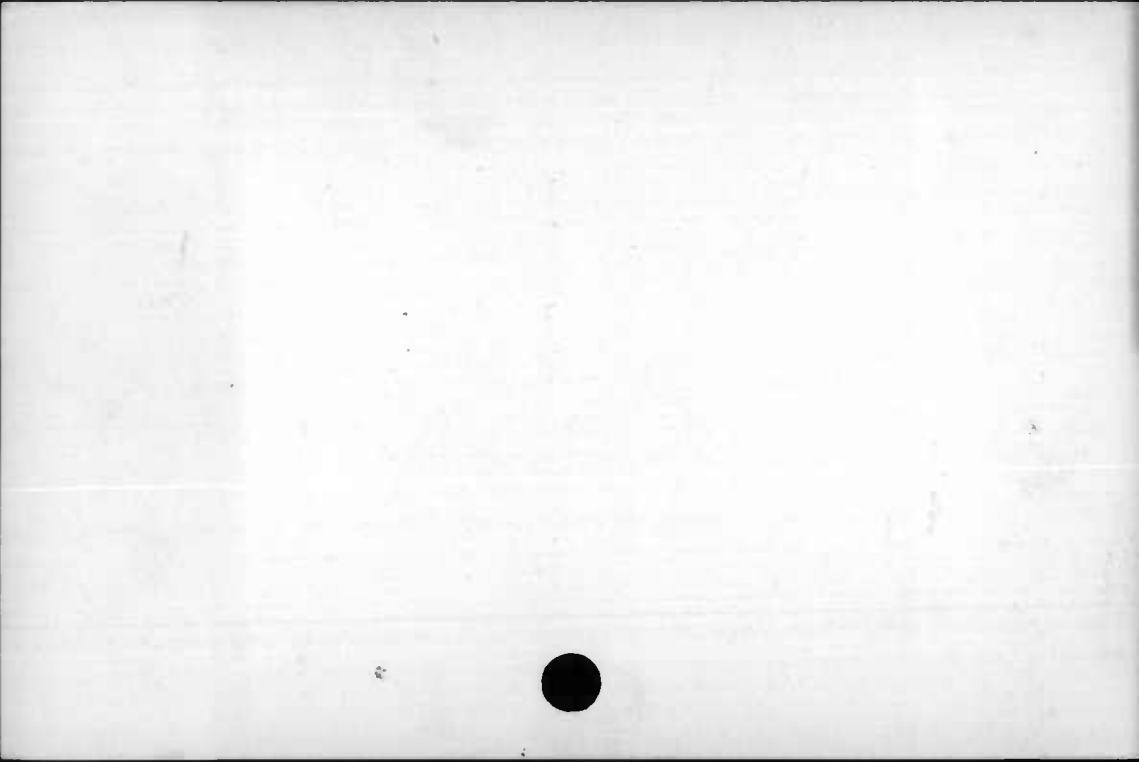
Died at <i>Mar Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>25</i>	Age <i>2</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Ind</i>		
Occupation			Where residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name	<i>Daniel Showell</i>			Father's Birthplace <i>Ind</i>	
Mother's Maiden Name	<i>Julia</i>			Mother's Birthplace <i>Ind</i>	
Name of person giving information	<i>Handy Showell</i>			How related to deceased <i>Cousin</i>	

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long
Immediate	<i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>E. E. Holland</i>
		Address <i>7 Berlin St. Md.</i>
Accident or Suicide?		



Name
in
Full

Ella Sturges

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Poemoke C^s

County Wreesele

MARYLAND

Date of death 1907 7 22 Age one 11 24

Sex female Color or Race Negro Birth-place Poemoke

Occupation Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Alexander Sturges

Father's Birthplace Wreesele

Mother's Maiden Name Francis A. Scott

Mother's Birthplace Poemoke

Name of person giving information Francis A. Scott

How related to deceased Mother

CAUSES OF DEATH

105

Primary

How long Several weeks

Immediate

Cholera dysenteria

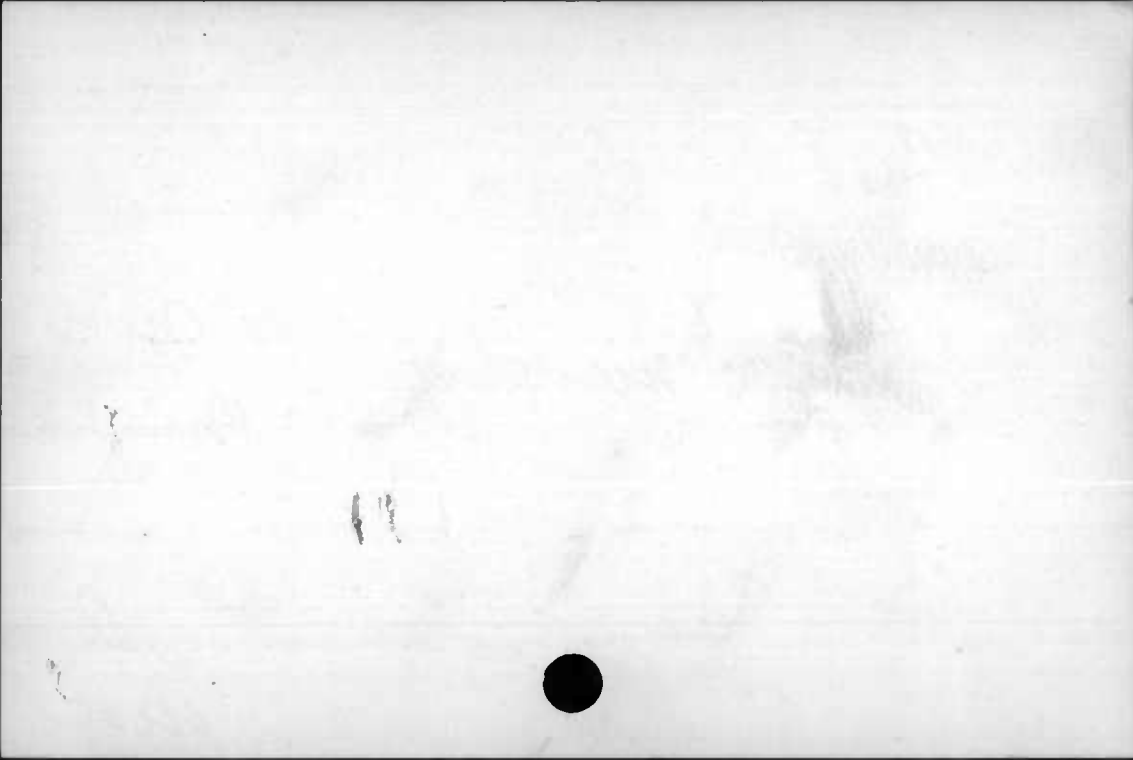
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. J. O'Neill
Poemoke C^s

Accident or Suicide?



Name
In
Full

Ebe Smack

CERTIFICATE OF DEATH

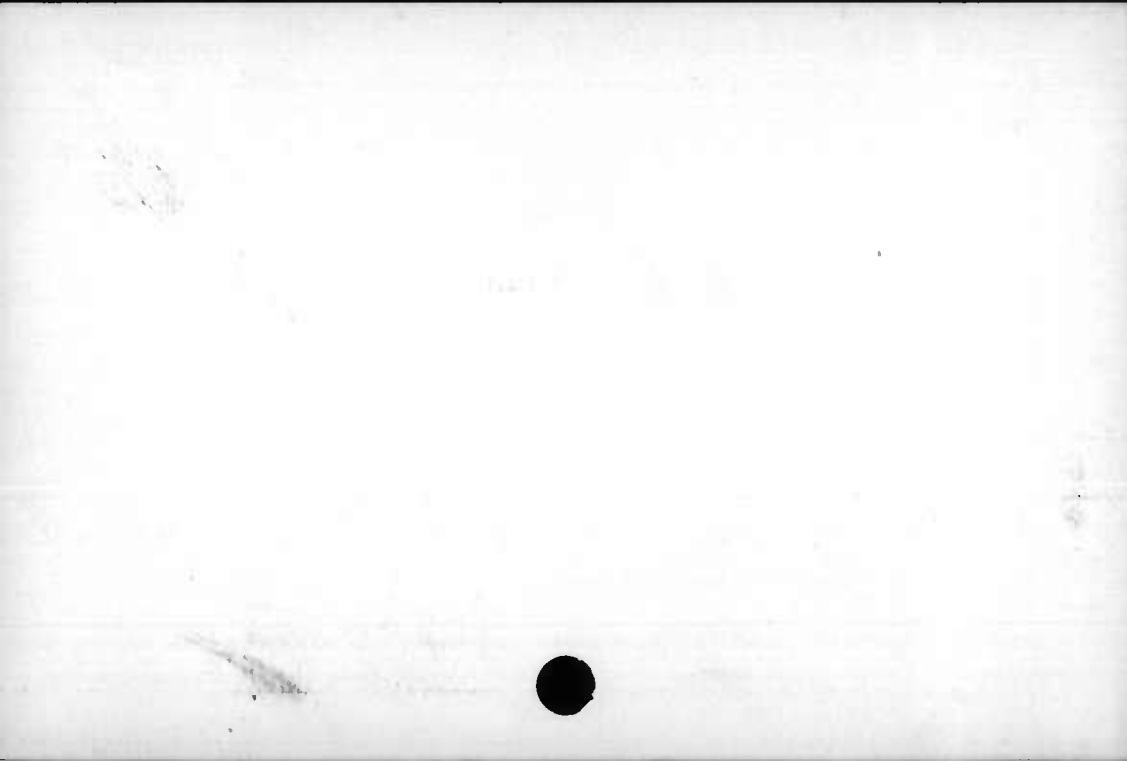
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> ^{Town}		<u>Prince Georges</u> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	3
Sex	Male	Color or Race	Black	Age	2
Occupation			Birth-place	Maryland	
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband			Theresa Smack		
Father's Name			Ebe Smack		
Mother's Maiden Name			Theresa Spence		
Name of person giving information			Charles Spence		
Father's Birthplace			Maryland		
Mother's Birthplace			Maryland		
How related to deceased			Uncle		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Influenza	How long	about a week
Immediate	Pneumonia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. Pitts	
		Address	
		Berlin, Md.	
Accident or Suicide?			



Name
in
Full

Isaac Smach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

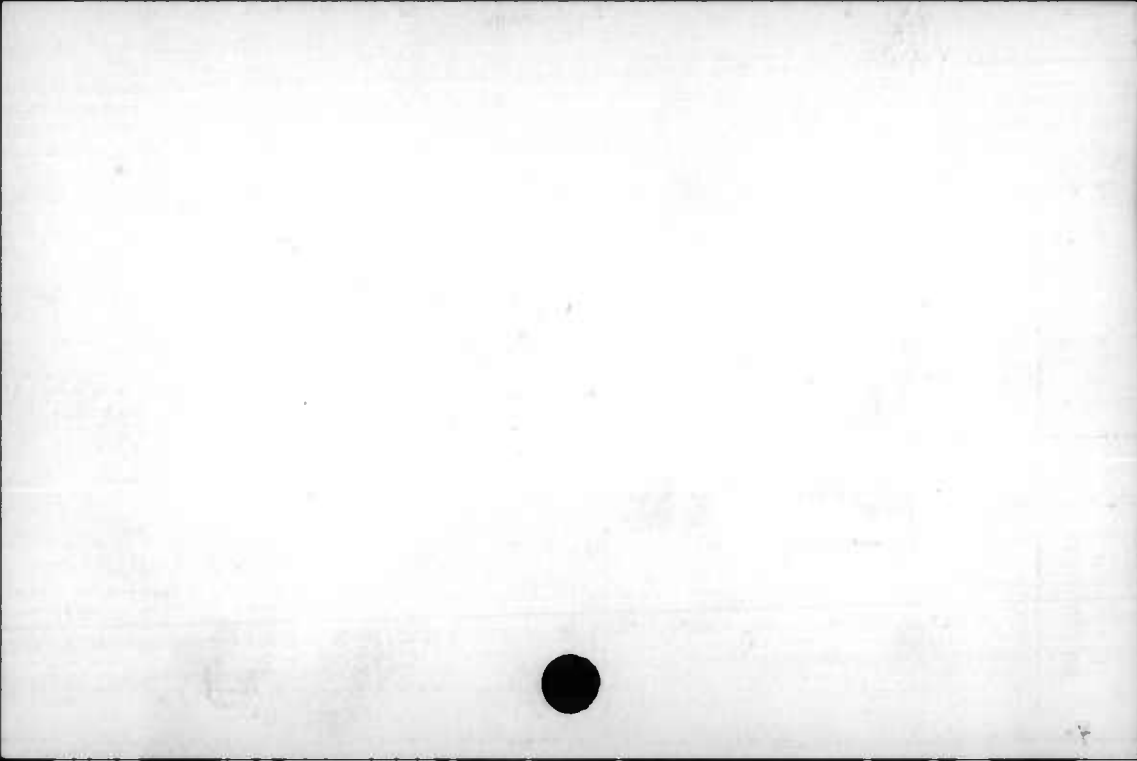
Died at <i>Libertytown</i>		County <i>monmouth</i>		MARYLAND	
Date of death	1907	Month	Jul	Day	3
Age	Years	Months		Days	
Sex	male	Color or Race	White	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death <i>New Liberty</i>		
Married, Single or Widowed	Single		Name of Wife or Husband <i>Annie Rayner</i>		
Father's Name	<i>William Smach</i>		Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name	<i>unknown</i>		Mother's Birthplace <i>Maryland</i>		
Name of person giving information	<i>Clay Purcell</i>		How related to deceased <i>no</i>		

CAUSES OF DEATH

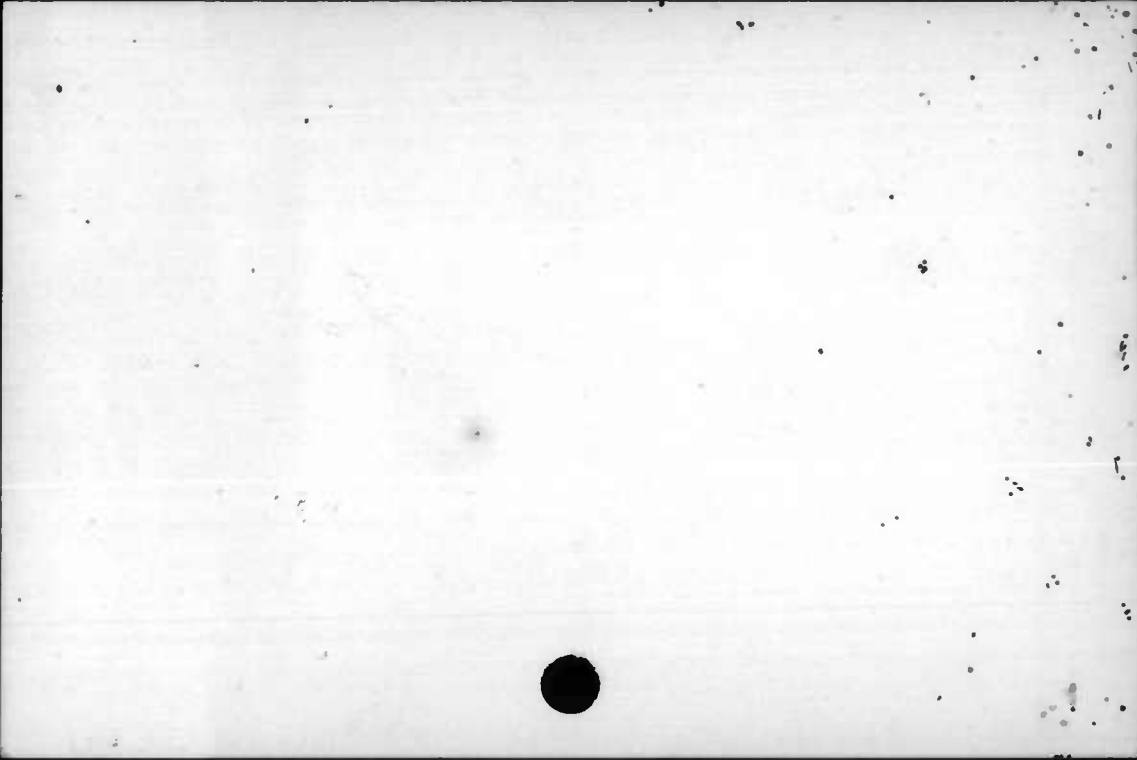
27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>1 day</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas. F. [unclear]</i>	
		Address <i>Berlin</i>	
Accident or Suicide?		<i>no</i>	



Name in Full		Town City County				CERTIFICATE OF DEATH	
		Died at				MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Date of death	1907	7	3	Age	Years	Months
	Sex	female	Color or Race	white	Birth-place	Mo	Days
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name	Refus H Tallon	Father's Birthplace				
	Mother's Maiden Name	Addie Davis	Mother's Birthplace				
	Name of person giving information	Refus H. Tallon	How related to deceased				
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(157)</div>							
PHYSICIAN OR CORONER	Primary	Chungtine Bitch					How long
	Immediate	Cyanide					How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
			Address				
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stocketon ^{Town}		Taylor ^{County}		Worcester		MARYLAND	
Date of death 1907 ^{Month} 7 ^{Day} 19 ^{Years} — ^{Months} — ^{Days} 8		Sex Female		Color or Race Black		Birth-place md	
Occupation —		Where Residing if not at place of death —					
Married <input checked="" type="checkbox"/> Single		Name of Wife or Husband —					
Father's Name Frank Taylor		Father's Birthplace md					
Mother's Maiden Name Simon Marshall		Mother's Birthplace md					
Name of person giving information Frank Marshall		How related to deceased Grandfather					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	179	How long
Immediate	Heart failure	How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Wm O. Payne, J.P.
		Address Stocketon
Accident or Suicide?		md



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Libertytown</i> ^{Town}		<i>Princess</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>7</i>	Age <i>81</i>	Years <i>6</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>James Zimmerman</i>			
Father's Name <i>Benedict Tyre</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Oliver W. K. Riss</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>John P. Zimmerman</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>No On</i>	179	How long	<i>Old age</i>
Immediate	<i>No On</i>		How long	<i>Old age</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>No On</i>		
		Address <i>D. A. Massey O.K. 5.13 p.m.</i>		
Accident or Suicide? <i>No, in attendance</i>				

6 J Evans
undertak-

Name

In Full

CERTIFICATE OF DEATH

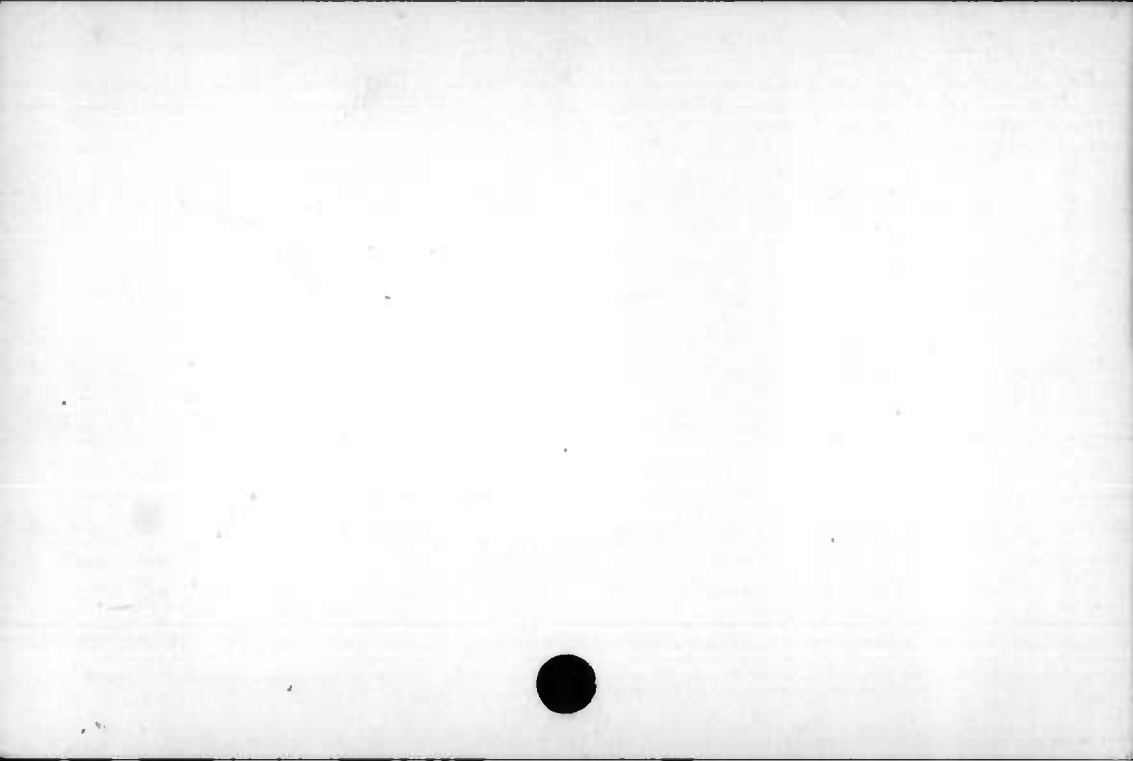
TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Edwin Townsend</i>		Town <i>Worchester</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Worchester</i>		Month <i>July</i>		Day <i>26</i>		Years <i>11</i>	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>26</i>		Years <i>11</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>W. Mass.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Ernest H. Townsend</i>				Father's Birthplace <i>Mass.</i>			
Mother's Maiden Name <i>Sadie M. Butterfield</i>				Mother's Birthplace <i>Mass.</i>			
Name of person giving information <i>W P Pope</i>				How related to deceased <i>brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>diarrhoea</i>	How long <i>105</i>	How long <i>Don't know</i>
Immediate <i>Stomatitis</i>	How long <i>Don't know</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>No Physician, but have</i>	
	Address <i>Made investigation & found O.S. Hall home</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

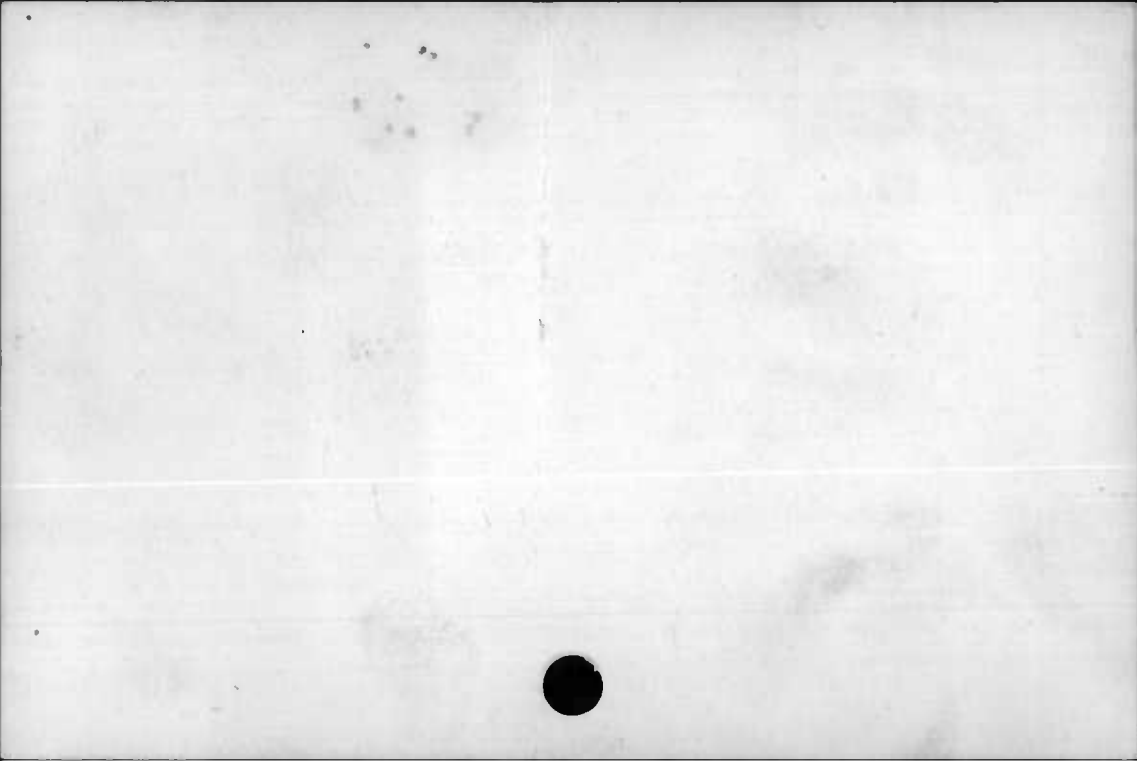
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake</i>		Town <i>Chesapeake</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1907	Month	July	Day	6	Age	45
Sex	male	Color or Race	white	Birth-place	Gothland, Md.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	<i>Something Thing White</i>			Father's Birthplace <i>Whitman Md</i>			
Mother's Maiden Name	<i>Iris Gail</i>			Mother's Birthplace <i>Guthrie, Md</i>			
Name of person giving information	<i>Something Thing White</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>I can have</i>	How long	<i>105°</i>	How long	<i>two weeks</i>
Immediate	<i>collapse</i>	How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. P. Townsend</i>			
		Address <i>Quincy, Md.</i>			
Accident or Suicide?					



Name
in
Full

Susan D White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

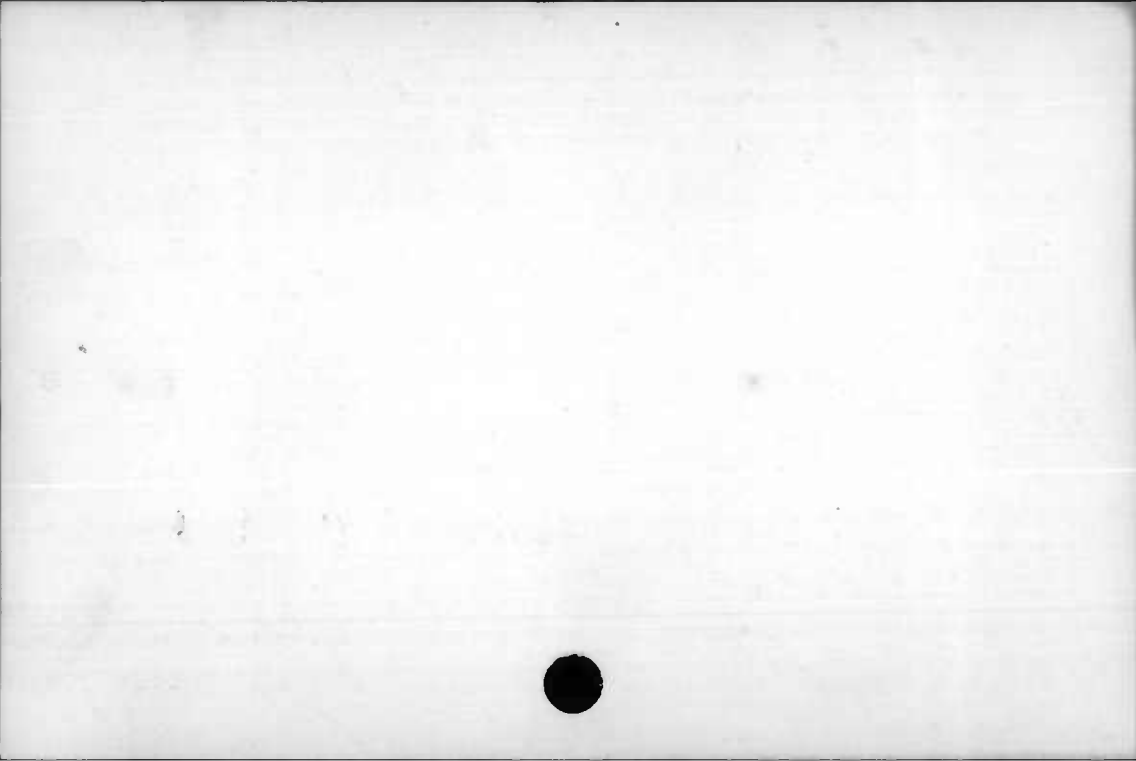
Died at <i>near Snow Hill</i>		Town <i>Morristown</i>		County <i>Morristown</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>12</i>	Years <i>83</i>	Months <i>6</i>	Days <i>23</i>		
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Mor. Co. Md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Mr. R. D. S. White</i>						
Father's Name <i>Stephen M. Mills</i>	Father's Birthplace <i>Mor. Co. Md</i>						
Mother's Maiden Name <i>Eleanora Brown</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>Eleanora Mills Evans</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis. Fractured Right</i>	How long <i>5 mo.</i>
Immediate <i>Gradual decline</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>Tramway Accident</i>	



Name
in
Full

Mary F. Whittington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

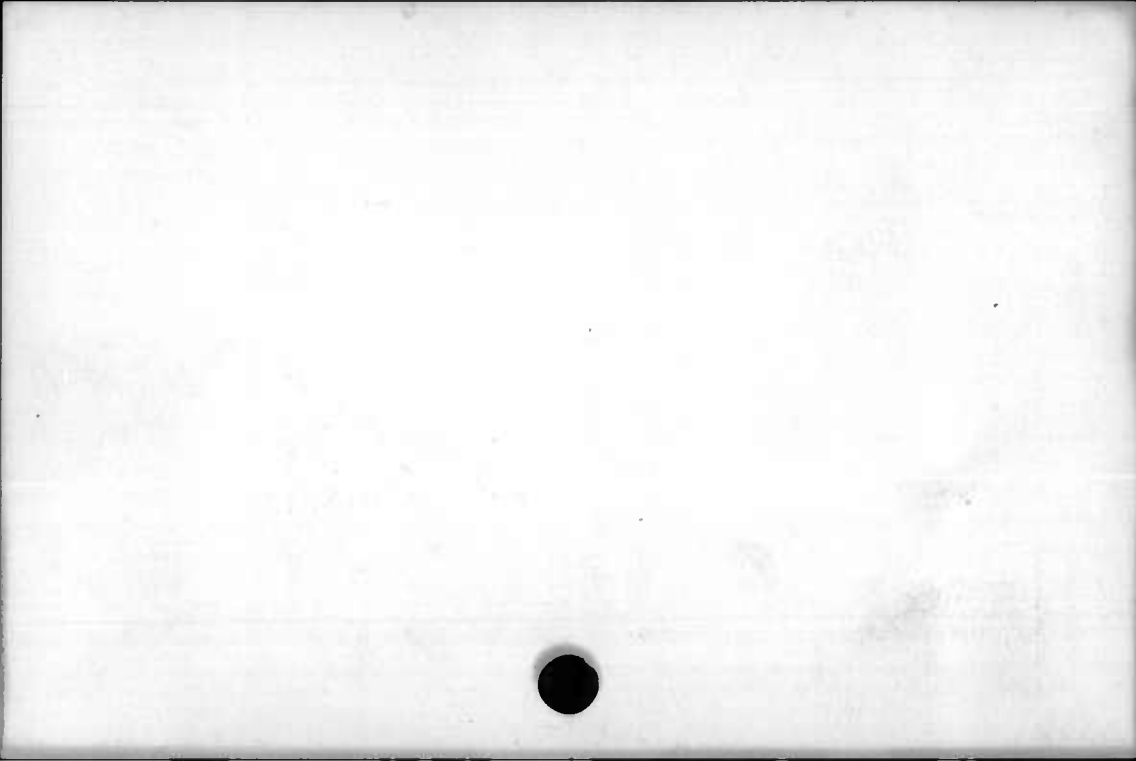
Died at <u>Sta. Stockton</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1907	Month	July	Day	28
Age	32	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Chf. Grange, Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Joseph Whittington</u>			
Father's Name	<u>Isaac Beekets</u>			Father's Birthplace	<u>Md</u>
Mother's Maiden Name	<u>Hester Stevenson</u>			Mother's Birthplace	<u>Md</u>
Name of person giving information	<u>Chas Beekets</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Lobar Pneumonia</u>	How long	<u>12 Days</u>
Immediate	<u>Pulmonary Gangrene</u>	How long	<u>8 Days</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>Wm D. Dickerson</u>	
Address		<u>Stockton</u>	
		<u>Worcester Co.</u>	
Accident or Suicide?			



Name
in
Full

Mary D. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

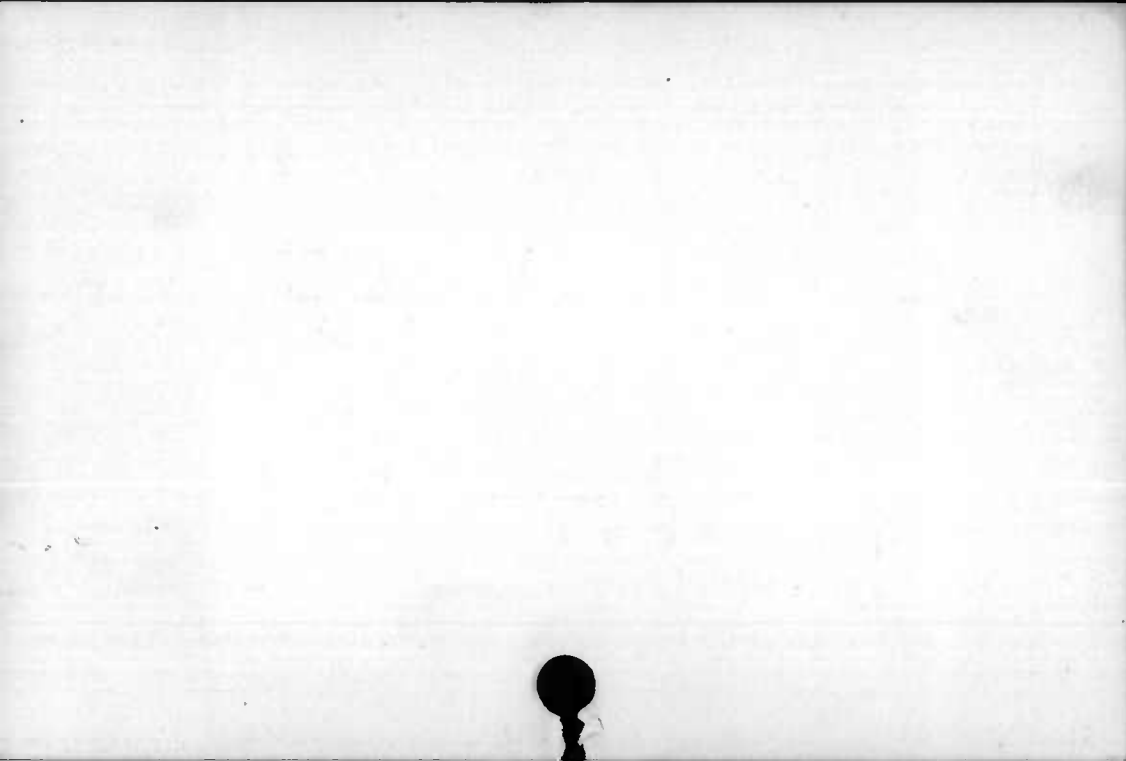
Died at		Town <i>Berlin</i>		County <i>Wor</i>		MARYLAND	
Date of death		190	7	Month	7	Day	30
Age		95		Years		Months	Days
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Housekeeper</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>Johnaell Williams</i>			
Father's Name	<i>Levin Holland</i>			Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name	<i>unknown</i>			Mother's Birthplace <i>Berlin Ind</i>			
Name of person giving information	<i>B. F. Williams</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>1 week</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ebe Holland</i>	
		Address <i>Berlin Md</i>	
Accident or Suicide?			



Name
in
Full

Rosie Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Near Whaleyville ^{County} WorcesterDate of death 1907 ^{Month} July ^{Day} 1 ^{Years} Age 27 ^{Months} 3 ^{Days} 4Sex Female ^{Color or Race} White ^{Birth-place} Near Ocean CityOccupation House Wife ^{Where Residing if not at place of death}Married, ~~Single~~ ^{Name of Wife or Husband} Thomas L. WilliamsFather's Name James Birch ^{Father's Birthplace} Md.Mother's Maiden Name Elisabeth Birch ^{Mother's Birthplace} Md.Name of person giving information Joseph Williams ^{How related to deceased} Husband Bro.

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis ^{How long} 1 yearImmediate Heart Failure ^{How long} 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

C. A. Holland M.D.
Whaleyville
Md.

Accident or Suicide?

She was buried at Powell
grave yard,